Disclosure	Report Cover	
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Amei	ndment	 	 	
\boxtimes	Yes	 	No	

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information

1. Committee Inform	mation				
a. Full Name					c. ID Number
	ELECT KEN REDDIC - BO	E			3HCUY3
	ude City, State and Zip Code)				d. Date Filed
2106 COLONY PLA JACKSONVILLE, N	AZA				10/21/2020
				[e. Phone Number
					910-330-6873
2. Report Year .	3. Period Start Date (mm/d	1d/yy) 4. Period I (mm/dd/yy)	End Date	5. Treasurer Full N	
2020	7/1/2020		17/2020	JOHN FREDERICE	
6. Type of Committe		9, Type of Report		ly one type of report fr	
Candidate Campai		Municipal	State/Co		Referendum
PAC Independent	Referendum	Organizational		Organizational	Organizational
Independent Expenditure Legal Expense Fur	Joint Fundraiser	Thirty-five day	y Q	Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
Booster Fund"	10 TF	Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
		Semi-annual		Fourth	Special Special
		Mid Year		Semi-annual	
Other:		Year End	·	F"	10. Special Report Name
		Final		Year End	THIRD QUARTER
8. Number of Fundr	aisers this Report	Special		inal	PLUS
	0			Special	
11. Account Informa			11. Account Ir		
a. Financial Institution Fr			a. Financial Instit	tution Full Name	
FIRST NATIONAL					1
b. Purpose	c. Account Code		b. Purpose		c. Account Code
CAMPAIGN ACCOUNT FOR	FP	,			
RECEIPTS AND	d. Period Begin Balance	:	İ		d. Period Begin Balance
EXPENDITURES	\$ 2397.72				\$
CERTIFICATION					<u> </u>
I certify that the Community the NC General Statut	ites and that no funds are coi	mmingled with proh	nibited or other n	non-disclosed funds. I	& 22D-22M of Chapter 163 of further certify that this report
	correct and that I have been	trained by the NC3			
JOHN F PHI	Printed Name of Signer	——————————————————————————————————————	ignature of Appointe		/11/2021 Date
FOR OFFICE USE ON		Contract Con			
Date Received:		Employee:			elivery Method Normal Mail
Date Postmarked		Employee:	en and a state of the state of		Registered Mail Hand Delivered
Date Scanned:		Employee:	*	L. L	Electronically Filed Signer has not received
Date Data Entere	/d:	Employee:			mandatory training
Please Note: This		end committee information			s, treasurer, assistant treasurer,

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Amendment Yes No

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable) 2.	Type of Report		3. ID Number						
COMMITTEE TO ELECT KEN REDDIC 20	020 THIRD QUA	ARTER	3HCUY3						
PLUS Total this Total this									
Start of Election Cycle: January 1,	2020	Reporting Period	Election Cycle						
4) Cash on Hand at Start		\$ 2397.72	\$ 680.97						
RECEIPTS									
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$						
6) Contributions from Individuals	(CRO-1210)	\$ 455.49	\$ 6521.91						
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$						
8) Contributions from Other Political Committees	(CRO-1230)	\$ 576.97	\$ 596.41						
9) Loan Proceeds	(CRO-1410)	\$	\$						
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$						
11) Other Receipt Sources									
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$						
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$						
11c) Outside Sources of Income	(CRO-1250)	\$	\$						
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$						
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$						
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 1.	ld and 11e)	\$ 1032.46	\$ 7118.32						
EXPENDITURES									
13) Disbursements									
13a) Operating Expenditures	(CRO-1310)	\$ 1507.77	\$ 3181.58						
13b) Contributions to Candidates/Political Committee	s (CRO-1310)	\$	\$						
13c) Coordinated Party Expenditures	(CRO-1310)	\$.	\$						
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$						
15) Loan Repayments	(CRO-1420)	\$	\$						
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 106.49	\$ 1444.42						
17) In-Kind Contributions	(CRO-1510)	\$ 683.46	\$ 2040.83						
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16	6 and 17)	\$ 2297.72	\$ 6666.83						
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract	t line 18)	\$ 1132.46	\$ 1132.46						
ADDITIONAL INFORMATION									
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$							
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$							
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$							
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$							
24) Account Transfers Within the Committee	(CRO-1720)	\$							
25) Administrative Support	(CRO-1710)	\$	\$						
26) Forgiven Loans	(CRO-1440)	\$	\$						
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$						
28) Contributions to be Refunded	(CRO-1215)	\$	\$						
,									

		m Individuals	di Wa	Pg	<u>1</u> of		Amendmen Yes	t No
		ividual contributions ((and Fund if applica	Administration of the Company of the	or contributions und	er \$50 if form CR	O 1205 is no 2. ID Nu n		
		KEN REDDIC - BO					3HCUY3	
3. Contr	ibutor Informatio	on	×	Add 🔲 Rer	nove	<u> </u>		
a, Full Nai	me, Mailing Address	& Phone	- Control of Control o	b. Job Title/Profession		d. Comment		
	city, state, & zip)			LEGISLATOR		NC HOU	SE	
	E CLEVELAND MPBELL PL			c. Employer's Name/Sp	ecific Field			
	NVILLE NC 285	46						
						e. Election S	um to Date	
						\$	300.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-F	Kind Description	j. Date (mm/dd/y)	уу)	k. Amount	
	FP	CHECK			09/25/2	020	\$	300.00
							\$	
							\$	
3. Contr	ibutor Informatio	on .	×	Add Ren	nove			
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comment	8	
	city, state, & zip) OLLAMON			FINANCE OFFICE	ER			
	OTLAND LANE			c. Employer's Name/Sp	ecific Field			
WILMIN	IGTON NC 28409)		ONSLOW CO SCI	HS			
						e, Election S	um to Date	
						\$	98.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Cind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	FP	CASH			09/29/2	020	\$	49.00
							\$	
							\$	
3. Contr	ibutor Informatio) n	\boxtimes		nove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	\$	
KEN RE	city, state, & zip)			CANDIDATE				
	ENWAY DR			c. Employer's Name/Sp	ecific Field			
JACKSO	NVILLE NC 2854	46						
						e. Election S	um to Date	
			<u></u>			\$	1444.42	
f, Prior	g. Account Code	h. Form of Payment	i. In-K	Lind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	FP	IN-KIND	PEN	S	09/29/20	020	\$	106.49
							\$	
		1	1		1		l ¢	

CRO-1210

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

455.49

455.49

\$

\$

Contributions from Other Political Committees

Pg 1 of 1 ☐ Yes ☐ No

Use this form to report contributions from other candidate, referendum or PAC committees

	Name (and Fund if applicable)					2. ID	Number
COMMITTEE TO	ELECT KEN REDDIC - BOE			·				3HCUY3
3. Contributor In	formation	\boxtimes	Add	Re	move			
a. Full Name, Mailing			b. Type of	Committee			d. Com	
(include city, state,		•	<u> </u>	Candidate	\boxtimes	PAC	NON	-MONETARY
ONSLOW PROTI	ECT OUR STUDENTS		a Level P	Referendum	۸			
			c. Level K	egistered (Specify Federal	\boxtimes	County:		
				State	H	Municipality:	e. Elect	ion Sum to Date
							\$	19.44
f. Account Code	g. Form of Payment	h. In-Kind	l Description	1	i. Da	te (mm/dd/yyyy))	j. Amount
		POSTA	GE PRIN	ΓIN		08/25/2020		\$ 43.82
		POSTA	GE			10/13/2020		\$ 526.68
		WEB D	ESIGN			10/14/2020		\$ 6.47
3. Contributor In	formation	П	Add	Re	move			1
a. Full Name, Mailing		**************************************	regional entranger of education with	Committee			d. Com	ments
(include city, state,				Candidate		PAC		
				Referendum				
			c. Level R	egistered (Specify	<u>')</u>			
				Federal	片	County:	. 171 4	C
				State		Municipality:	e. Elect	ion Sum to Date
							\$	
f. Account Code	g. Form of Payment	h. In-Kind	Description	1	i. Da	te (mm/dđ/yyyy)	1	j. Amount
				.,,				\$
								\$
								\$
3. Contributor In	formation		Add	☐ Rei	move		8 8 3	
a. Full Name, Mailing			b. Type of	Committee			d. Com	ments
(include city, state,	& zip)			Candidate	Ш	PAC		
			a Laval D	Referendum egistered (Specify	·)			
			C. Level K	Federal	'	County:		
				State	Н	Municipality:	e. Elect	ion Sum to Date
							\$	
f. Account Code	g. Form of Payment	h, In-Kind	Description	1	i. Dat	te (mm/dd/yyyy)		j. Amount
								\$
								\$
								\$
4. Total only this	Page						\$	576.97
5. Total of ALL C	RO-1230 Pages	1100					\$	576.97
(1 nis line musi be 6)	n line 8 of Detailed Summary Page CRO	-LIVU)						

Disburseme	ents				Pg	1 of	1	Amendment Yes	\boxtimes	No
	report expenditures	from the committ	ee for;	operating ex				e/political		
	coordinated party ex			-						Sacrements and
	ull Name (and Fun							2. ID Numbe		
	TO ELECT KEN RI					2 To 1		3HC	JY3	
3. Type of Disb		se use separate C Contributions to Ca						Party Expenditur	ec	
Operating E	Security and the security of t	Contributions to Cal	Add	Pontical Commi	intees	Remove	ordinated i	arty Expenditur		
4. Payee Inform	ng Address & Phone	<u> </u>		ordinated Com	mittee Na		d. Com	ments		2004000000
(include city, state,	-		•				THE	DAILY NEW	'S	
ENC MEDIA G										
724 BELL FOR	K RD		c. Lev	el Registered (_			
JACKSONVILI	LE NC28546			Federal		County:				
				State		Municipality:	e. Elect	ion Sum to Date	<u> </u>	
							\$ 35	7.00		
f. Account Code	g. Form of Payment	h, Purpose Code	i.]	Date (mm/dd/y	уу)	j. Amount		ired Remarks		
FP	CHECK	A	1	0/05/2020		\$714.00	NEWS	S AD		
	-					\$				
4. Payee Inform	lation		Add			Remove	1			
	ng Address & Phone		Contraction and the second	ordinated Com	mittee Na	ame	d. Com	ments		
(include city, state,	& zip)						TIDE	LAND NEW	S	
CARTERET PU	JBLISHING CO.						-			
PO BOX1679			c. Lev	el Registered (_			
MOREHEAD C	TIY NC 28557		片	Federal State	\boxtimes	County: Municipality:	e Flect	ion Sum to Date		
				State		widnopanty.	ļ	0.85		
f. Account Code	g. Form of Payment	h. Purpose Code	i,)	Date (mm/dd/y	уу)	j. Amount	+	ired Remarks		
FP	CHECK	Α	1	0/06/2020		\$471.70	NEWS	S AD		
						\$				
4. Payee Inform	ation	\boxtimes	Add			Remove				
	ng Address & Phone		b. Co	ordinated Com	mittee Na	ıme	d. Com	ments		
(include city, state,	& zip)									
STAPLES							4			
1144 WESTER			c. Lev	rel Registered (S Federal		County:	-			
JACKSONVILI	LE NC 28340		ᅢ	State		Municipality:	e. Elect	ion Sum to Date	•	
				Duto		- Managaray .	 	.56		
f. Account Code	g. Form of Payment	h. Purpose Code	 i.]	Date (mm/dd/y	(VV)	j. Amount		ired Remarks		
FP	CHECK	В		0/12/2020		\$322.07	PRINT			
					•	\$				
- m - 1 - 1 - 1	: D.					Ψ	\$	1507.77		
5. Total only th	CRO-1310 Pages						Ψ	1507.77		
(This line goes in (This line goes in	line 13a of Detailed Sun line 13b of Detailed Sun	mary Page CRO-110	0 if Con	trìb to Candidat	es/Politic		\$	1507.77		
	line 13c of Detailed Sun es (List detailed ex		A San		лрепани	1188)				
/. Purpose Cod A* - Media	B* - Printing	C* - Fund				D - To Anoth	er Candid	late		
E - Salaries	F* - Equipment							Office Expense	s	

I - Postage O* - Other

J - Penalties

* Codes require detailed explanation in required remarks field (k)

K* - Office Expenses

Q* - Donation to Legal Expense Fund

December 2009

Refunds/Reimbursements From the Committee

of

Amendment
Ye

ment		
Yes	П	No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full N	Name (and F	und if applicable)					2.	ID Number
COMMITTEE TO ELEC							3H	CUY3
			., г	- 1 -	581500			
3. Payee Informatio			\dd [Remove				01118
a. Full Name, Mailing A				pe of Committee		D.C.	h. (Original Receipt Date
(include city, state, &	zip)		$\exists \exists$	Candidate Referendum	H	PAC Party		09/29/20200
905 GREENWAY DR			e. Le	vel Registered (S	pecify		i, C	Original Receipt Amount
JACKSONVILLE NC 28:	546			Federal		County:	\$	
				State		Municipality:	3	106.49
				rpose Code			j. E	Election Sum to Date
			P				\$	1337.93
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Co	mments			k. /	Account Code
S, GOD TIME TO COSTON			1		-		FP	
			1					
l. Form of Payment	m. Required l	Remarks		•		n. Date (mm/dd/yy	yyy)	o. Amount
CHECK	PENS					10/4/2020		\$ 106.49
	<u> </u>		aa F	T D		<u> </u>		
3. Payee Informatio			\dd [Remove				Original Receipt Date
a. Full Name, Mailing Ad (include city, state, & :			G. Ly	Candidate	П	PAC	11. \	original Accept Date
(include city, state, &	zīb)		ㅓ片	Referendum	H	Party		
			e. Le	vel Registered (S	pecify		i. C	Original Receipt Amount
				Federal		County:	1	•
				State		Municipality:	\$	
			£ Pu	rpose Code		,	j. E	lection Sum to Date
							\$	
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Co	mments			k. /	Account Code
						•		
l. Form of Payment	m. Required I	Remarks				n. Date (mm/dd/y)	уу)	o. Amount
								\$
				-				*
3. Payee Informatio			dd [] Remove				
a. Full Name, Mailing Ac			d. Ty	pe of Committee	П	DAC	h. (Original Receipt Date
(include city, state, & a	zip)		ᅱ片	Candidate Referendum	H	PAC Party		
			e. Le	vel Registered (S	pecify		i. O	riginal Receipt Amount
				Federal		County:		· · · · · · · · · · · · · · · · · · ·
				State		Municipality:	\$	
			f, Pu	pose Code			j. E	lection Sum to Date
							\$	
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Co	mments			k, A	Account Code
						•		
l. Form of Payment	m. Required I	Domorke	1			n. Date (mm/dd/yy	l Lucy	o. Amount
* Total of Layment	m. Acquired I	Aciliat R9				n. Date (mm/uu/yy	<i>33)</i>	
			55775371 (22777)		esterg/erustoon		500004	\$
4. Total only this Pa	ge							\$ 106.49
	rya nerena a yang aman ana ya serit. An	S (This line must be on line 16 of Detaile	d Summa					\$ 106.49
L - Returned to Contrib P* - Reimbursement o	f In-Kind	M - Overpayment for Service O* Other	eggnacowy operation on service	N - Excee	ded (Contribution Limit	anameneee	
* Codes require detailed	explanation in i	required remarks field (m)				<u> </u>		

In-Kind Contributions Pg 1 of 1 Yes No Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

3. Contributor Information Add Remove Information Add Remove Information	1. Committee Full Name (and Fund if applicable)		2000000		2. II	D Num	ıber
S. Full Name, Mailing Address & Phone (include city, state, & zip)	COMMITTEE TO ELECT KEN REDDIC - BOE	-	_				3HCUY3
S. Full Name, Mailing Address & Phone (include city, state, & zip)	3. Contributor Information Add	Remove			<u> </u>		
Individual Candidate Party Party PAC Referendum Candidate Party Referendum Candidate Party PAC Referendum Candidate Party PAC Referendum Candidate Party PAC PA	a. Full Name, Mailing Address & Phone	b. Type	e of C	· · · · · · · · · · · · · · · · · · ·	c. Co	mment	S
905 GRIZENWAY DR JACKSONVILLE NC 28546 PAC Referendum Other Receipt Source 1337.93	(include city, state, & zip)		Indiv	ividual			
905 GREENWAY DR ACKSONVILLE NC 28546		1⊠	Can	didate			
E. Description PENS E. Date (man/dd/yyyy) E. Fair Market Amount PENS 10/04/2020 \$ 106.49 \$ 10/04/2020 \$ 106.49 \$ 3. Contributor Information Add Remove C. Comments C. Comments C. Conditions C.			-	•	-		
Other Receipt Source	JACKSONVILLE NC 28546						
C. Description					d. Ele	ection S	um to Date
PENS			Othe	er Receipt Source	\$	133′	7.93
10/04/2020 \$ 106.49				f. Date (mm/dd/yy	уу)	g. Fa	ir Market Amount
3. Contributor Information	PENS		-	10/04/2020) 	\$	106.49
3. Contributor Information						\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip) ONSLOW PROTECT OUR STUDENTS					-	\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip) ONSLOW PROTECT OUR STUDENTS		Remove				L	
Individual Candidate Party Par	a. Full Name, Mailing Address & Phone	1		Contributor			
Candidate	(include city, state, & zip)				NO	N-MO	NETARY
PAC Referredum d. Election Sum to Date		1	Cand	didate	f		• \
PAC Referredum d. Election Sum to Date				•	1		
Referredum Other Receipt Source 19.44 19.44				•	1		
e. Description POSTAGE PRINTING 08/25/2020 \$ 43.82 POSTAGE 10/13/2020 \$ 526.68 WEB DESIGN 10/14/2020 \$ 6.47 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Individual Candidate Party Party PAC Referendum Other Receipt Source c. Description E. Date (mm/dd/yyyy) g. Fair Market Amount \$ \$ 4. Total only this Page 5. Total of ALL CRO-1510 Pages				· · · · · · · · · · · · · · · · · · ·	d. Ele	ction St	um to Date
POSTAGE POSTAGE POSTAGE 10/13/2020 \$ 526.68 WEB DESIGN 10/14/2020 \$ 6.47 3. Contributor Information			Other	r Receipt Source	\$	19.4	4
POSTAGE POSTAGE POSTAGE 10/13/2020 \$ 526.68 WEB DESIGN 10/14/2020 \$ 6.47 3. Contributor Information			\Box	f. Date (mm/dd/yy	уу)	g. Fai	ir Market Amount
10/13/2020	POSTAGE PRINTING					\$	43.82
3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) D. Type of Contributor C. Comments Individual Candidate Party PAC Referendum Other Receipt Source C. Description F. Date (mm/dd/yyyy) g. Fair Market Amount \$ \$ 4. Total only this Page \$683.46 5. Total of ALL CRO-1510 Pages \$683.46				10/13/2020)	\$	526.68
a. Full Name, Mailing Address & Phone (include city, state, & zip) Individual Candidate Party PAC Referendum Cheering Source S	WEB DESIGN			10/14/2020)	\$	6.47
(include city, state, & zip) Individual Candidate Party PAC Referendum Other Receipt Source \$							
Candidate					c. Con	aments	
Party PAC Referendum d. Election Sum to Date Other Receipt Source \$ C. Description f. Date (mm/dd/yyyy) g. Fair Market Amount \$ \$ \$ 4. Total only this Page \$ 683.46 5. Total of ALL CRO-1510 Pages \$ 683.46 \$	(include city, state, & zip)	- 		1	1	_	Managana Alicangana com co
PAC Referendum Other Receipt Source S c. Description f. Date (mm/dd/yyyy) g. Fair Market Amount \$ \$ \$ 4. Total only this Page \$ 683.46 5. Total of ALL CRO-1510 Pages \$ 683.46 \$ \$ 683.46 \$ 683.46					í		
Referendum Other Receipt Source \$ c. Description f. Date (mm/dd/yyyy) g. Fair Market Amount \$ \$ 4. Total only this Page 5. Total of ALL CRO-1510 Pages	•	: —	-		í		
C. Description f. Date (mm/dd/yyyy) g. Fair Market Amount \$ \$ 4. Total only this Page 5. Total of ALL CRO-1510 Pages		1 ==					
c. Description f. Date (mm/dd/yyyy) g. Fair Market Amount \$ \$ 4. Total only this Page 5. Total of ALL CRO-1510 Pages \$ 683.46	•				d. Elec	tion Su	ım to Date
c. Description f. Date (mm/dd/yyyy) g. Fair Market Amount \$ \$ 4. Total only this Page 5. Total of ALL CRO-1510 Pages \$ 683.46	,	'	Other	Receipt Source	\$		
\$ 4. Total only this Page \$ 683.46 5. Total of ALL CRO-1510 Pages \$ 683.46	c. Description			f. Date (mm/dd/yyy	/ y)	g. Fai	r Market Amount
4. Total only this Page \$ 683.46 5. Total of ALL CRO-1510 Pages \$ 683.46						\$	
4. Total only this Page \$ 683.46 5. Total of ALL CRO-1510 Pages \$ 683.46				1		\$	
4. Total only this Page \$ 683.46 5. Total of ALL CRO-1510 Pages \$ 683.46			1			\$	
5. Total of ALL CRO-1510 Pages \$ 683.46					\$		46
	5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)				\$	683.4	46